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**FAX TRANSMISSION****DATE:** July 18, 2005**PTO IDENTIFIER:** Application Number 09/823,940-Conf. #7591  
Patent Number**Inventor:** Robert Martin**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** NUTTER MCCLENNEN & FISH LLP

David J. Powsner

**PHONE:** (617) 439-2000**Attorney Dkt. #:** 102374-0015**PAGES (Including Cover Sheet):** 5**CONTENTS:** One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Request for Continued Examination Transmittal (1 page)  
Fee Transmittal (1 page)  
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PTO/SB/97 (08-04)

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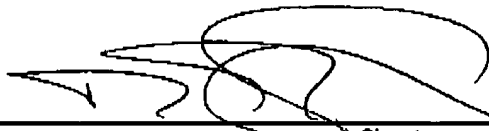
Application No. (if known): 09/823,940

Attorney Docket No.: 102374-0015

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One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

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PTO/SB/17 (12-04/2)

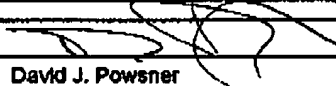
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<b>Effective on 12/08/2004.</b> <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number <b>09/823,940-Conf. #7591</b> Filing Date <b>March 30, 2001</b> First Named Inventor <b>Robert Martin</b> Examiner Name <b>H. N. Patel</b> Art Unit <b>2154</b> Attorney Docket No. <b>102374-0015</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>455.00</b>			


<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number <b>141449</b> Deposit Account Name <b>Nutter McClennen &amp; Fish LLP</b> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments	
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FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES								
Fee Description							Small Entity Fee (\$)	
Each claim over 20 (including Reissues)							50	
Each independent claim over 3 (including Reissues)							200	
Multiple dependent claims							360	
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
		x			Fee (\$)	Fee Paid (\$)		
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)				
		x						
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)				
- 100 =	/50	(round up to a whole number) x						
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1251 Extension for response within first month							60.00	
1801 Request for continued examination (RCE) (see 37 ...)							395.00	

<b>SUBMITTED BY</b> Signature  Name (Print Type) <b>David J. Powsner</b>				Registration No. <b>31,868</b> (Attorney/Agent)	Telephone <b>(617) 430-2000</b> Fax <b>06080003-1414-9</b>
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